



GERMANY 1948	JAPAN 1957	FINLAND 1983	ARMENIA 1991	CHINA 1999	SENEGAL 2019
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SUMMER STUDENT EXCHANGE APPLICATION

Please Type or Print Your Responses

Name _____ Gender(M/F) _____
(Last) (First) (Middle)

Birthdate _____ Birthplace _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Current School _____ Most Current GPA _____

Academic or Vocational Goals: _____

Describe any involvement in school or community activities: _____

What leisure time activities do you enjoy? _____

Describe any work experience you have: _____

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What previous international living, travel, or study opportunities have you had? _____

Have you ever hosted an international student in your home? If so, where was the student from and for how long did you host the student?

Would you/your family be willing to host an exchange student? _____

List the names of each member of your immediate family. Attached separate page if needed.

Name	Relationship	Occupation	Age

Please explain any dietary restrictions: _____

Do you drink alcoholic beverages? Please circle answer. Often Occasionally Never

Do you smoke? Please circle answer. Often Occasionally Never

SUMMER STUDENT EXCHANGE APPLICATION

Parents' or Guardian's Signature(s) (Signatures of both parents are required if you are not 18 years old.)

I have read this application and confirm and approve that the information is accurate.

FATHER OR GUARDIAN

Name _____ Signature _____ Date _____

Address _____

Email _____

Home Telephone _____ Cell Phone _____

MOTHER OR GUARDIAN

Name _____ Signature _____ Date _____

Address _____

Email _____

Home Telephone _____ Cell Phone _____